



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

11/03/2014

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000213827

INSTALLATION NAME: NYC DEPT OF EDUCATION - PS 840R

INSTALLATION ADDRESS : 15 FAIRFIELD ST
STATEN ISLAND, NY 10308

MAILING ADDRESS : 30-30 THOMSON AVE
LONG ISLAND CITY, NY 11101

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437**

**TO: NYC DEPT OF EDUCATION - PS 840R
or Current Occupant
ATTN: ALEXANDER LEMPERT
30-30 THOMSON AVE
LONG ISLAND CITY, NY 11101**

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|---|--|--|---|
| SEND COMPLETED FORM TO: The Appropriate State or Regional Office. | United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM | | 2014 OCT 21 12:55 RCRA PROGRAM BRANCH |
| 1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY | Reason for Submittal: <input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations) | | |
| 2. Site EPA ID Number | EPA ID Number NYR 000 213 827 | | |
| 3. Site Name | Name: NYC Dept. of Education - P.S. 840R | | |
| 4. Site Location Information | Street Address: 15 Fairfield Street City, Town, or Village: Staten Island County: Richmond State: New York Country: U.S. Zip Code: 10308 | | |
| 5. Site Land Type | <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | |
| 6. NAICS Code(s) for the Site (at least 5-digit codes) | A. 6 1 1 1 1 0 B. C. D. | | |
| 7. Site Mailing Address | Street or P.O. Box: 30-30 Thomson Avenue City, Town, or Village: Long Island City State: New York Country: U.S. Zip Code: 11101 | | |
| 8. Site Contact Person | First Name: Alexander MI: Last: Lempert Title: Director Street or P.O. Box: 30-30 Thomson Avenue City, Town or Village: Long Island City State: New York Country: U.S. Zip Code: 11101 Email: ALempert@nycsca.org Phone: 718-472-8501 Ext.: Fax: 718-472-8500 | | |
| 9. Legal Owner and Operator of the Site | A. Name of Site's Legal Owner: NYC Dept. of Education Date Became Owner: 12/23/1975 Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P.O. Box: 30-30 Thomson Avenue City, Town, or Village: Long Island City Phone: 718-472-8501 State: New York Country: U.S. Zip Code: 11101 B. Name of Site's Operator: NYC Dept. of School Facilities Date Became Operator: 12/23/1975 Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | |

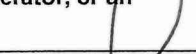
OMB#: 2050-0024; Expires 12/31/2014

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. **Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

| Signature of legal owner, operator, or an authorized representative | Name and Official Title (type or print) | Date Signed (mm/dd/yyyy) |
|---|---|--------------------------|
|  | Alexander Lempert, Director | 10/15/2014 |
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